

PABST PATENT GROUP



SEP 27 2005

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TELEFAX

Date: September 27, 2005 Total pages: 5 including cover
To: US PTO Telephone: Telefax: 571-273-8300
From: Rivka Monheit Telephone: 404-879-2152 Telefax: (404) 879-2160
Our Docket No. BU 111 Client/Matter No. 077042/00003
Your Docket No.

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Edith Mathiowitz, Yong S. Jong, and Jules S. Jacob
Serial No.: 09/760,046 Group Art Unit: 1615
Filed: January 12, 2001 Examiner: H. Sheikh
For: *MICRONIZED FREEZE-DRIED PARTICLES*

Attachments:
Transmittal Form PTO/SB/21
Fee Transmittal Form PTO/SB/17
Petition for One Month Extension of Time
Notice of Appeal

{43060645.1}

SEP 27 2005

NO. 5579 P. 2

PTO/SB/21 (09-04)

Approved for use through 07/31/2008, OMB 0851-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/760,046	
	Filing Date	January 12, 2001	
	First Named Inventor	Edith Mathiowitz	
	Art Unit	1615	
	Examiner Name	H. Sheikh	
Total Number of Pages in This Submission	4	Attorney Docket Number	BU 111

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Pabst Patent Group LLP	
Signature	<i>Rivka D. Monheit</i>	
Printed name	Rivka D. Monheit	
Date	September 27, 2005	Reg. No. 48,731

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	<i>Carla Stone</i>
Typed or printed name	Carla Stone
Date	September 27, 2005

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 310.00**Complete if Known**

Application Number	09/760,046
Filing Date	January 12, 2001
First Named Inventor	Edith Mathiowitz
Examiner Name	H. Sheikh
Art Unit	1615
Attorney Docket No.	BU 111

RECEIVED
CENTRAL FAX CENTER**SEP 27 2005****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 - 20 or HP = 0 x = **Fee (\$)** **Fee Paid (\$)**
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 3 or HP = 0 x = **Fee (\$)** **Fee Paid (\$)**
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 - 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Notice of Appeal (\$250.00) and Petition for One Month Extension of Time (\$60.00)

Fees Paid (\$)**\$310.00****SUBMITTED BY**

Signature	<i>Rivka D. Monheit</i>	Registration No. (Attorney/Agent)	48,731	Telephone	(404) 879-2152
Name (Print/Type)	Rivka D. Monheit	Date	September 27, 2005		

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